

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
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 Official Use Only

REGISTRATION TYPE

- ☒ INITIAL
☐ AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
A Brookfield Party				ABP			
3. COMMITTEE ADDRESS							
Address 3 Spruce Dr				City Brookfield		State CT	Zip Code 06804
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
6. CHAIRPERSON NAME							
Prefix	First Robert		MI J	Last Gianazza		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 3 Spruce Dr				Address			
City Brookfield		State CT	Zip Code 06804		City		State Zip Code
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(203) 740 — 1822				robgianazza@gmail.com			
11. TREASURER NAME							
Prefix	First Robert		MI A	Last Iacobello		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 30 Ironworks HI				Address 30 Ironworks Hill Rd			
City Brookfield		State CT	Zip Code 06804		City Brookfield		State CT Zip Code 06804
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(203) 775 — 9499				riacobello@sbcglobal.net			
16. DEPUTY TREASURER-1 NAME							
Prefix	First		MI	Last		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address				Address			
City		State	Zip Code		City		State Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
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Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 2**PARTY COMMITTEE REGISTRATION**

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- ☒ INITIAL
☐ AMENDED

NAME OF COMMITTEE**A Brookfield Party****21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)**

Prefix	First	MI	Last	Suffix
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22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS

Street Address

City	State	Zip Code
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23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)

Address

City	State	Zip Code
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24. ALTERNATE DEPUTY TREASURER TELEPHONE

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25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS**26. DEPOSITORY INSTITUTION NAME**

Savings Bank of Danbury

27. DEPOSITORY INSTITUTION ADDRESS

Address 220 Main Street, Danbury, CT 06810	City	State	Zip Code
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28. SUBTYPE OF COMMITTEE☒ Town Committee ☐ State Central Committee**29. PARTY DESIGNATION**☐ Republican ☐ Democratic ☒ Other A Brookfield Party**30. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Robert J Gianazza08/17/2015

CHAIRPERSON (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Robert A Iacobello08/18/2015

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

DEPUTY TREASURER (SIGNATURE)DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this statewide party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become jointly and severally responsible with the state party's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

ALTERNATE DEPUTY TREASURER (SIGNATURE)
(STATE CENTRAL COMMITTEES ONLY)DATE (mm/dd/yyyy)

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